Form 3160—5
(November 1983)
(Formerly 9—331)

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE*
(Other Instructions on reverse side)

Budget Bureau No. 1004—0135
Expires August 31, 1985

5. LEASE DESIGNATION AND SERIAL NO.

NM-2824

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals.)

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

1.

OIL WELL [X]   GAS WELL [ ]   OTHER

7. UNIT AGREEMENT NAME

2. NAME OF OPERATOR

Stevens Operating Corporation

8. FARM OR LEASE NAME

McClellan Fed.

3. ADDRESS OF OPERATOR

P. O. Box 2408, Roswell, New Mexico   88202

9. WELL NO.

1

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface

2190 FNL, 990 FEL
Sec. 28, T-13S, R-29E

10. FIELD AND POOL, OR WILDCAT

Wildcat

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA

Sec. 28, T-13S, R-29E

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

3799 GR

12. COUNTY OR PARISH

Chaves

13. STATE

NM

16.

Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF	[ ]	PULL OR ALTER CASING	[ ]
FRACTURE TREAT		MULTIPLE COMPLETE	
SHOOT OR ACIDIZE		ABANDON*	
REPAIR WELL		CHANGE PLANS	[X]
(Other)			

SUBSEQUENT REPORT OF:

WATER SHUT-OFF	[ ]	REPAIRING WELL	[ ]
FRACTURE TREATMENT		ALTERING CASING	
SHOOTING OR ACIDIZING		ABANDONMENT*	
(Other)			

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.) *

Changes:
         Conductor - 40' of 20"
         Location - 2190 FNL, 990 FEL
         Well Plat - see attachment
         BOP - see attachment
         Diagram of Location - see attachment

18. I hereby certify that the foregoing is true and correct

SIGNED _Bob Fann_   TITLE Production Superintendent   DATE Feb. 20, 1991

(This space for Federal or State office use)

APPROVED BY _____   TITLE _____   DATE _____
CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the